



# City of Eastvale

Building Safety Division  
 12363 Limonite Ave., Ste. 910, Eastvale, CA 91752  
 (951) 703-4450  
[www.eastvaleca.gov](http://www.eastvaleca.gov)

## Combination Building Permit

Property A.P.N. \_\_\_\_\_

Property Address	Number _____ Street Name _____	Eastvale, CA	
Property Owner	Name _____ Phone # _____		
	Address (if different from property) _____		
Applicant	Name (if not owner) _____ Phone # _____		
	Address _____		
Contractor	Name _____ Phone # _____		
	Address _____		
	State Contractor's License # _____	City Business License # _____	
Description of work	_____		
	_____		
<b>Who should We Contact?</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor <input type="checkbox"/> Other (please provide information below)		

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For Office Use Only</b>			
Project Name _____			
Project #	Permit #	Date Received	Date Issued
Permit Fee	SMIP Fee	Green Fee	Amount Paid
Valuation \$	Square Footage		
	Commercial	Residential Dwelling	Garage